

Nutrition and WIC Update

USDA Launches New Pyramid Graphic

Pat Dunavan, Nutrition Education Specialist

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The US Department of Agriculture (USDA) unveiled their newest version of the Food Guide Pyramid at the end of April. The new interactive food guidance system called “MyPyramid: Steps to a Healthier You,” incorporates the central message that the pyramid can assist Americans in personalizing their approach to choosing a healthier lifestyle that balances nutrition and exercise.



MyPyramid incorporates recommendations from the *2005 Dietary Guidelines for Americans*, which was released in January. The new MyPyramid symbol is deliberately simple to encourage consumers to access the new Web site for more in-depth information. MyPyramid illustrates:

- Personalization on the amounts of foods to eat each day based upon calorie level
- Gradual improvement by taking small steps to improve diet and lifestyle
- Physical activity through the person climbing the steps
- Variety symbolized by the six color bands
- Moderation represented by the narrowing of each food group from the bottom to the top
- Proportionality shown by different widths of the food group bands.

The system uses interactive technology through the Web site, www.MyPyramid.gov.

The Web site features:

- Ways to do a quick estimate of how much you should eat each day based on age, gender, and activity level
- Detailed information on each food group, calorie levels, and physical activity
- Tips and resources for getting started on lifestyle changes

A child-friendly version of MyPyramid, targeted to children ages 6-11 is anticipated in the near future.



Food for Thought—Funding Formula Changes

Brad Iams, WIC Program Consultant

In the near future the State Agency will be researching and developing a new funding formula for allocating WIC funds to Local Agencies, and we would like your input. The current funding formula is inefficient, archaic, and let's face it—it just doesn't work anymore. There are too many variables to consider for the current funding formula to handle, and it is time for an update.

This article is just a "head's up" for an upcoming I-memo that will give further instructions and guidance on what we are wanting from you. Our plan is to incorporate some practices from other states into our new funding formula. The State Agency will draw up a mock funding formula and send it to all Local Agencies for feedback and suggested changes. It will be vital that you communicate your concerns to us so that we can better serve you. So, be on the lookout for information on funding formula changes.

Local Agency News

We welcome these new WIC employees:

Brown County: Connie Zeit, RN
 Cowley County: Joy Trollman, Clerk
 Douglas County: Beranda Tatum, Clerk
 Douglas County: DeAnn Windiviziri, BF Peer Counselor
 Johnson County: Raquel Bourne, Clerk
 Johnson County: Jami Soukup, RD
 Johnson County: Anne Johnson, RD
 Neosho County: Michelle Gustin, RN
 Saline County: Magie Cumberland, Clerk
 Sedgwick County: Sue Lieb, RD
 Sedgwick County: Nilda Pascal, Clerk
 Shawnee County: Janice Kies, Receptionist
 Smith County: Lynne Hill, RN
 Smith County: Barbara Haresnape, Clerk
 Trego County: Karol Chaffee, RN
 Wilson County: Valrie Jordan, Clerk

We say farewell to these WIC friends:

Butler County: Sue Lieb, RD
 Cowley County: Heather Wright, Clerk
 Douglas County: Jennifer Thompson, Clerk
 Harvey County: Grace Wenger, RN
 Harvey County: Sharon Penner, RD
 Johnson County: Natalie Keys, Clerk
 Sedgwick County: Jody Vance, RN
 Sedgwick County: Heather Wallace, RD
 Sedgwick County: Ketzy Flaherty, Medical Technician
 Shawnee County: Darlene Colbert, Receptionist
 Shawnee County: Jan Rothe, Receptionist
 Shawnee County: Shannon Maywell, Receptionist
 Wyandotte County: Barbara Smith, RD
 Wyandotte County: Vickie Day, Clerk

Fall in Love with Breastfeeding

Patrice Thomsen, WIC Program Consultant

It is only May. How can we even begin to think about that season when leaves start to fall? Here is an easy breastfeeding promotion idea for those of you with bulletin board space. You can get it ready now and be all set to put it up in September.



Simply decorate the bulletin board with colorful cut-outs of leaves and the message "Fall in Love with Breastfeeding." Then invite WIC clients to write brief messages on the leaves expressing why they fell in love with breastfeeding. In Carroll County, Maryland, one woman wrote, "What I love about breastfeeding is staring into my son's eyes and no one else exists." Another wrote, "The fact that he is totally dependent on me. Some say it is scary. I say it is wonderful!" Some mothers may want to share a picture of their breastfed baby for display on a leaf. The staff member printing checks for breastfeeding mothers may be the most likely person to invite clients to write something on a leaf for the display.

(Note that this idea is a potentially useful breastfeeding promotion, but does not meet the requirements of an interactive nutrition education center. Idea taken from the Fall, 2004 issue of *MARWIC Times*.)

Kicking It With WIC

Lawrence-Douglas County WIC Program

Twenty-six WIC families participated in "Kickin' It with WIC" October 28, 2004, in a physical activity event sponsored jointly by the Lawrence-Douglas County WIC Program and the Douglas County Community Health Improvement Project. The activity day—part of our 2004 Childhood Obesity Action Plan -- gave caretakers ideas for physical activities they could do with their children. An area in the parking lot of the Community Health Facility was blocked off so families could try some of those games together.

Adults and children participated in activities that ranged from hopscotch to bean-bag toss, from stretching with exercise bands to scarf throwing, from chalk-drawing to trying to stay inside the Wonder Bubble!



After a morning of wind and rain, the weather cooperated by clearing and we were able to stage the event outside as planned. Each family attending received an activity bag containing simple items to get kids and families moving such as a Frisbee, homemade exercise bands (made out of pantyhose), an activities idea booklet, a milk jug toss game, colorful scarves, and a coupon for a miniature pumpkin donated by a local pumpkin patch for Halloween.

Several community agencies were represented at the event including Parents as Teachers, Douglas County Dental Clinic, Mom's Club-South, and the Lawrence Arts Center. Body Boutique generously donated free, one-month gift certificates for a drawing available to all participants. Fresh apples from one of our local orchards and cider were also enjoyed by everyone who participated. Due to the interest of other community agencies in this initial effort, we plan to make this an annual event.

Nutrition Risk Factor Update—Recent Major Surgery, Trauma, Burns

Sandy Perkins, Maternal and Child Nutrition Consultant

The risk factor "Recent Major Surgery, Trauma, Burns" is defined as any major surgery (including C-sections), trauma, or burns severe enough to compromise nutritional status. Generally, the risk factor should be assigned within two months of the event, but may be assigned after two months if the client's health care provider diagnoses the continued need for nutritional support.

Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens. Once individuals are discharged from a medical facility, a continued high nutrient intake may be needed to promote the completion of healing and return to optimal weight and nutrition status.



Kitchen Scalds and Thermal Burns in Children Age Five and Younger

Sandy Perkins, Maternal and Child Nutrition Consultant



Despite various intervention efforts, young children continue to get burned or scalded in kitchens. A study published in the January 2005 issue of *Pediatrics* looked at patterns of kitchen burns and scalds to young children to understand better why such injuries occur and to design better intervention efforts. In young children, scalds were approximately twice as common as thermal burns and resulted in significantly more hospitalizations than did thermal burns. One-year-olds were at highest risk both for scalds and thermal burns. In nearly all injury patterns, more boys than girls were injured.

The chief cause for scalds was hot water. The two most common scald injury patterns were: (1) the child reached up and pulled a pot of hot water off the stove or other elevated surface and (2) the child grabbed, overturned, or spilled a container of hot water onto him or herself, such

as a coffee cup while sitting on a caregiver's lap. The author concluded that although the kitchen is recognized as hazardous for young children, parents seem to underestimate the ability of young children to reach containers of hot liquids on elevated surfaces and, fail to recognize the potential severity of resulting injury.

The author speculated that these failures might explain why behavioral interventions (such as placing pots on back burners of stove) have been ineffective and proposed a multifaceted spectrum of prevention that has individual, community, and organizational components. The following are examples of actions that could be undertaken to address burn injuries:

1. Advise parents about the potential for kitchen scalds when children reach 9 months old and continue at each visit until age two.
2. Institute a community-wide scald awareness day to increase awareness of the population at large (bike days, car seat checks, poison prevention weeks, and safety fairs are examples of community events that have been undertaken).
3. Require childcare providers to have some injury prevention training that addresses all sources of scald/burn injury.
4. Develop a community coalition to build a partnership approach (Cool Kids Coalition is an example of a scald prevention program that was instituted in Brookhaven, NY).
5. Encourage the local media to offer a regularly scheduled announcement of local injury incidents, using the actual injury event as an opportunity to teach prevention.

For more information:

Drago, DA. Kitchen scalds and thermal burns in children five years and younger. *Pediatrics*. 2005; 115:10-16.

Corranrino, JE, Walsh, PJ, Boyle MI, Anselmo D. The cool kids. A community effort to reduce scald burn risk in children. *MCN Am J Maternal Child Nurs*. 2000; 25:10-16.

Check It Out

Want some resources to help WIC families choose healthy eating behaviors? Check these Web sites:

<http://www.canr.uconn.edu/nusci/fnp/shoptips/Control%20Food%20Costs.pdf> This handout called Controlling Food Costs is only one of several nutrition education materials from the University of Connecticut.

<http://www.cnpp.usda.gov/Pubs/Cookbook/thriftym.pdf#search='healthy%20thrifty%20meals> This link will provide you with the USDA cookbook on thrifty meals along with lots of healthy eating tips.

<http://www.extension.oregonstate.edu/fcd/nutritoin/ewfl/index.html> Go here for on-line learning module entitled "Eat Well For Less" provided by the Oregon State Extension Department.



Notes from the WIC Director

Dave Thomason

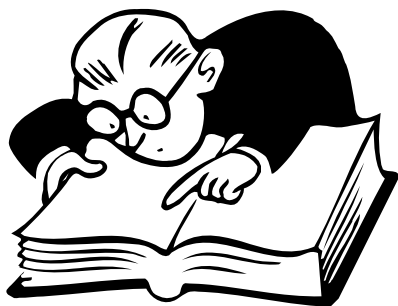


Spring is here and, as always, this gives us a feeling of renewal and excitement about the sunny and warm days ahead. Spring also brings the season of turbulent weather. I take this opportunity to encourage all WIC staff and participants to review your disaster plans and evaluate your preparedness for tornados, electrical outages and the like. Remember that the safety and welfare of everyone should be a high concern. Being prepared means that you will be able to make quick decisions based on clear thinking and not panic thinking.

Speaking of outages and panic, I want to say a few words about KWIC System down time. We are acutely aware of the problems and stress that system outages cause for both WIC staff and especially WIC participants. Many participants take off work and reschedule childcare services in order to come into the clinic. When the system goes down, KDHE Information Services staff and Starling Systems staff go into action to resolve the problem as soon as possible. We have a communication system in place to notify appropriate staff 24 hours a day, seven days a week. We study each and every outage to determine the cause and what can we do to prevent it from happening again. We take system outages very seriously and are considering system changes that will help prevent outages. Our commitment to you is that we will do whatever it takes to keep the system fully functional all of the time.

The Kansas Policy and Procedure Manual (PPM) is being revised to a new format. Each policy topic will be numbered separately and will stand alone. Using this stand alone format will make it possible to amend policies without having any effect on other unrelated policies. Effects such as revising many subsequent page numbers of other policies and policies overlapping onto neighboring pages will no longer have to be dealt with. We are also planning to create the PPM electronically. Each staff person will be able to have the electronic PPM on their computer for easy access to policies. Each policy can be printed individually, if desired, for training purposes, etc. Local Agencies will receive the new PPM late this spring or early summer.

I am always excited about the changes that springtime brings. Please take some time for yourself and your loved ones to enjoy our wonderful planet. And please accept my continued appreciation for your dedicated service to all of the WIC participants.



WIC At A Glance

Current information as of April 2005
(Summarized on May 5, 2005)

Statewide Participating Caseload: 67,736

Food Dollars Spent for the Month (Approximate): \$3,400,000

KWIC News

Roger Lewis, KWIC Project Manager

Help Desk calls for the most recent month were down compared to the last newsletter. The details are:

<u>January</u>	<u>March</u>	<u>Description</u>
478	374	Total Calls
96	83	Locations Calling
20	19	Highest Number of Calls
20	20	# of Locations Calling Once
17	16	Highest Number of Clinic Calls
5	4.5	Average Calls per Location



The state WIC office again has the highest number of calls to the help desk. The KWIC Help Desk is there to assist your use of the system. Call and get your questions answered quickly.

Two new releases of Client Services are in the works. The first will include:

- Fix the Waiting List functions in case that process may be needed at some point in the future.
- Correct the Food Package selection software to prevent error messages when a package is replaced.
- Move the security profile selection tabs to the state level only.

These changes should be in place in May or June.

The second release is a big one. Current plans are to correct over 100 problems that have been reported and make a number of improvements to how you access and use KWIC. The changes include:

- The elimination of the connection and printing problems related to the Citrix software.
- Cleaning up all aspects of the transfer process.
- Cleaning up all aspects of the Pre Cert process.
- Retaining proofs, measures, and ADOT information for subsequent actions.
- Improve your ability to navigate the system.
- Make it easier to tell what remains to be done in a number of areas, i.e. certification.
- Cleaning up dual participation problems.

The design details will be finalized in May with testing to begin in June. Software testing will likely take two to four months before a pilot county tests out the training material and the planned implementation process.

One of the revised screens and a description of the changes will be included in the next newsletter. It will be a busy summer but the results will be well worth the effort.



Q and A

The WTM meetings answered many questions and generated others. Here are answers to a few of those questions. KWIC question? Call the Help Desk. Policy question? Call the state office.

Q - If a client is already registered to vote at their current address, I mark in KWIC “already registered” but do I need to have the client sign the declination form?

A - *The client does not need to sign the declination form.*

Q – What if the client or caregiver is not eligible to vote, does she/he have to sign the declination form?

A – *Yes, the form must be signed. If a client refuses to sign the declination form, staff can indicate refused to sign on the “name of applicant” line on the form and then sign their name (staff’s name) on the “signature” line.*

Q - How long do we have to keep the declination forms?

A - *All paper forms (declination forms, check stubs, rights and responsibilities, etc.) are kept for three years plus the current year.*

Q - What do I do with a term letter for a client who transferred out of my clinic?

A - *The letter can be shredded.*

Q - Can I look at a client’s Certification History while I am completing a Recertification for them?

A - *To look at a client’s Certification History while you have a Recertification Wizard open for that client, click on the red table icon or “jump on the red trampoline” on your tool bar back to the desktop. Click on the Client menu tab and select Certification History. To return to the Recertification Wizard click on the Window menu tab and select the Recertification Wizard for that client. The Certification History can be closed by clicking on the little black x-in-the-box icon.*

Q – I understand that ethnicity is defined as affiliation – does the client affiliate their origin, heritage, or parental background with a Hispanic/Latino culture or a non-Hispanic/Latino culture? Hispanic ethnicity pertains to a person of Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. However, most of my Hispanic clients think that Hispanic is their race so how can I get them to select race?

A - *Clients should self identify their ethnicity and race. To clarify race, ask the question, “Are any of your ancestors black, Alaskan/Native American, Pacific Islander, or Asian?” When there is a language barrier in explaining ethnicity versus race, staff can use observation to select race. Most frequently for Hispanic ethnicity, Caucasian or white should be selected as the race.*

Nutrition and WIC Services

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USDA, Washington, DC.



Growing healthy Kansas families



Q & A (Continued from page 7)

Q – If a caregiver states they do not smoke in the house, do I count that as household smoking?

A – No. Count as household smoking only if smoking occurs in the house. If parents or others in the household smoke outside only, then mark as “no one else in household smokes.”

Q – A client needs a different formula for her baby. She is not returning any cans of formula today but has one check with formula from the infant’s food package left and is returning it. I can’t void and replace, what can I do?

A - Except for changes in formula type, food packages will only be changed if no checks for the issuance month have been redeemed. This includes issuing formula to an exclusively breastfed infant or increasing the amount of formula provided to a supplemented breastfed infant.

The type of formula issued to a WIC client may be changed after all required information is documented in the WIC record and the non-redeemed checks and/or the WIC purchased formula have been returned to the WIC clinic. The amount of formula issued may not exceed the total of the cans plus the amount on the checks returned.

The Reissue Formula Checks Window is used to generate new checks for formula when at least one of the original checks has already been cashed and the client brings in the purchased formula and/or remaining checks in exchange for new formula checks. A note should be placed in the note section stating the exact type of formula and how much was returned.

If a client brings back both formula and checks, the Void/Replace Checks Wizard must be used to void the original checks. To account for returned formula and subsequent distribution, record entries on the Tracking Sheet for Receipt & Disposition of Returned Formula.